

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							<b>FILED DATE</b> <div style="font-size: 1.5em; font-family: cursive;">10/6/25/023</div>
							APPLICANT(S)
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2		/					52
3		/					53
4		/					54
5		/					55
6		/					56
7		/					57
8		/					58
9		/					59
10	/						60
11		/					61
12		/					62
13		/					63
14		/					64
15		/					65
16		/					66
17		/					67
18		/					68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50	2						100
TOTAL IND.							TOTAL IND.
TOTAL DEP.	76						TOTAL DEP.
TOTAL CLAIMS	18						TOTAL CLAIMS

BEST AVAILABLE COPY